DATENT ARRIVATION OF									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2000									09/77 4236				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHE	THAN ENTITY	
10	OTAL CLAIMS		142					RATE	FEE		RATE	FEE	
FC	A		NUMBER FILED		NUMBER EXTRA			BASIC FI	355.00	OR	BASIC FEE	710.00	
I	TAL CHARGE		142 minus 20=		. 133			X\$ 9=		OR	X\$18=	2716	
-	DEPENDENT C		11-1	inus 3 =				X40=		OR	xėo≈	880	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	1	OR	+270=	2.00	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	3786	
CLAIMS AS AMENDED - PART II										_3	OTHER	THAN	
_		(Column 1) (Column 2) (Column 3						SMALI	ENTITY	OR	SMALL	ENTITY	
IENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDA	Total	. 129	Minus Minus	. /	42_	• _	H	_ X\$ 9=		OR	X\$18=		
AM	Independent FIRST PRESE	IRST PRESENTATION OF MULTI		EPENDENT CLA		-		X40=		OR	X80=		
										OR	+270=		
105								TOTAL	7.0	OR	TOTAL		
0	10.0	(Column 1) (Column 2) (Column									NDDIT. FEE		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA	ſ	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 129	Minus	. 18	12	- O	I	XS 9=		OR	X\$18=		
Ā	Independent FIRST PRESE	NTATION OF MU	Minus LTIPLE DEP	ENDENT	ELAIM	• ()		X40=		OR	X80=	$\overline{}$	
نب								+135=		ОЯ	·210=		
11	-21-05						A	YOTAY DOIT, FEE		OR	ICTAL LODIT, FEE		
	9 (G. 7)	(Calumn 1)	650 Sec. 1	(Colum		(Column 3)	_						
		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Ş	Total	. 129	Minus	14		. —	T	X\$ 9=	,,,,	OR	X\$18=	FEE	
AMENDMENT			Minus	/ L		•	ŀ	X40=			X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR		——-i	
(1	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "riighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," "If the Triighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3,"									OR A	+270= TOTAL DOIT, FEE		
1	i une Trighest Num The "Highest Numb	iber Previously Paid ber Previously Paid	is For (Total or	s SPACE is Independer	less than d) is the	3, enter "3," Nghest rumber		DOIT. FEE Id In the ap	propriate box				
FORM	FORM PTO-075 PRINT ON Trademan Office, U.B. DEPARTMENT OF COMMERCE												